

# When Hospitals Vanish, Mothers Die: Why Giving Birth Is Riskier in These US States

Quick Figure Q117 | May 2025

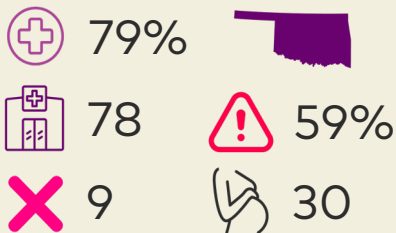
*Birthing While Black: The Urgent Fight for Maternal Health Reform Series*

The rapid erosion of the maternity care infrastructure in the United States threatens to worsen the ongoing Black maternal health crisis and will increase the demand and need for **birth workers**, including midwives and doulas. The current maternal health landscape is characterized by increasing rates of hospital consolidation and closure, the loss of obstetric departments, and the departure of maternal health physicians from states facing preexisting health provider shortages and high maternal mortality rates.

Maternity care deserts are growing and taking a disproportionate toll on Black women and their families. Today, over a third of US counties lack an obstetric clinician.<sup>1</sup> A recent study of nearly 5,000 acute-care hospitals found that between 2010–2022, the share of facilities without obstetric services rose from 35 percent to 42 percent.<sup>2</sup> During that time, 537 hospitals eliminated obstetric care, and as of 2022, 52 percent of rural hospitals—and 36 percent of urban hospitals—did not have any obstetric services.<sup>3</sup>

## Five States with the Highest Proportion of Maternity Care Deserts

### OKLAHOMA



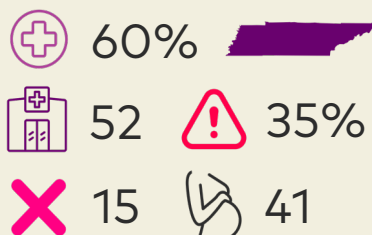
### TEXAS



### ALABAMA



### TENNESSEE



### MISSISSIPPI



### KEY

- % of counties with no or low maternity care access
- # of rural inpatient hospitals
- # of rural hospital closures since 2005
- % of rural hospitals at risk of closing
- Maternal mortality rate per 100,000 live births

A study from 2021 found that rural counties were more than twice as likely to lack an obstetric clinician compared to urban counties (58 percent vs. 24 percent, respectively).<sup>4</sup> As hospitals close birthing units, obstetricians and nurse-midwives often leave the area to find work elsewhere, further eroding access to maternity care.<sup>5</sup> Threatened cuts<sup>6</sup> to Medicaid and other public health programs would dramatically exacerbate<sup>7</sup> the challenges rural hospitals face,<sup>8</sup> many of which are already on the brink of closure.

**States that have the highest rates of maternal mortality also have a high proportion of counties considered maternity care deserts or low-access areas** (Table 1). Black women living in these states are particularly vulnerable to maternal health complications and negative health outcomes. Expanding access to birth workers of color and increasing their presence is a vital intervention in addressing the maternal health crisis, especially in communities that have lost formal health care providers.

**Table 1. Hospital and Maternal Health Care Access in States with the Highest Maternal Mortality Rates**

State	Maternal mortality rate (per 100,000)*	Number of rural inpatient hospitals**	Number of rural hospital closures since 2005**	Percent of rural hospitals at risk of closing**	Percent of rural hospitals at immediate risk of closing**	Percent of counties with no or low maternity care access ***
Tennessee	41	52	15	35%	29%	60%
Mississippi	39	67	6	51%	28%	62%
Alabama	39	49	8	55%	39%	69%
Arkansas	38	47	2	62%	21%	60%
Louisiana	37	56	2	41%	12%	50%
Kentucky	35	72	4	22%	6%	51%
Virginia	33	31	2	29%	26%	41%
South Carolina	32	24	4	29%	12%	46%
Georgia	32	71	9	28%	14%	53%
Indiana	31	55	4	16%	13%	42%
Arizona	30	28	4	14%	4%	27%
Oklahoma	30	78	9	59%	31%	79%
Texas	28	156	25	50%	13%	72%
New Mexico	28	27	1	26%	11%	52%
North Carolina	27	56	12	18%	12%	38%

**Sources:** \* "Maternal Deaths and Mortality Rates per 100,000 Live Births," KFF, accessed April 21, 2025, <https://www.kff.org/other/state-indicator/maternal-deaths-and-mortality-rates-per-100000-live-births>.

\*\* Center for Healthcare Quality and Payment Reform, "Rural Hospitals at Risk of Closing," brief, March 2025, [https://chqpr.org/downloads/Rural\\_Hospitals\\_at\\_Risk\\_of\\_Closing.pdf](https://chqpr.org/downloads/Rural_Hospitals_at_Risk_of_Closing.pdf).

\*\*\* "March of Dimes Maternity Care Deserts Dashboard," Deloitte Insights, 2024, <https://www2.deloitte.com/us/en/pages/life-sciences-and-health-care/articles/march-of-dimes-maternity-care-deserts-dashboard.html>.

**Note:** For the number of rural inpatient hospitals indicator, the data does not distinguish between publicly funded and privately funded hospitals.



*This brief was prepared by Andrea Flynn and Dr. Martinique Free. It was made possible with support from the David and Lucile Packard Foundation. The authors would also like to thank Dr. Kate Bahn for providing feedback and Miranda Peterson for fact-checking.*

**To see more from IWPR's *Birthing While Black: The Urgent Fight for Maternal Health Reform Series*, visit [iwpr.org/birthingwhileblack](https://iwpr.org/birthingwhileblack).**

**To learn more about IWPR's federal policy recommendations on maternal health, visit [iwpr.org/maternal-health](https://iwpr.org/maternal-health).**



## ENDNOTES

1. Ashley Stoneburner, Lucas Ripley, Jazmin Fontenot, Christina Brigance, Erin Jones, and Andrea L. DeMaria, *Nowhere to Go: Maternity Care Deserts Across the U.S.* (Arlington, VA: March of Dimes, September 2024), [https://www.marchofdimes.org/sites/default/files/2024-09/2024\\_MoD\\_MCD\\_Report.pdf](https://www.marchofdimes.org/sites/default/files/2024-09/2024_MoD_MCD_Report.pdf).

2. Katy B. Kozhimannil et al., "Obstetric Care Access at Rural and Urban Hospitals in the United States," *JAMA* 333, no. 2 (January 14, 2025): 149–151, <https://jamanetwork.com/journals/jama/fullarticle/2827543>.

3. Katy B. Kozhimannil et al., "Obstetric Care Access at Rural and Urban Hospitals."

4. Stoneburner et al., *Nowhere to Go*.

5. Andrea Sonenberg and Diana J. Mason, "Maternity Care Deserts in the US," *JAMA Health Forum* 4, no. 1 (2023): 1-3, <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2800629>.

6. Clark Kauffman, "Medicaid Cuts Rippling Through Rural America Could Bring Hospital Closures, Job Losses," *Arkansas Advocate*, March 21, 2025, <https://arkansasadvocate.com/2025/03/21/repub/medicaid-cuts-rippling-through-rural-america-could-bring-hospital-closures-job-losses/>.

7. National Rural Health Association, "Medicaid Cuts & Rural Impact," brief (Washington, DC: National Rural Health Association, 2023), [https://www.ruralhealth.us/nationalruralhealth/media/documents/advocacy/medicaid-cuts-one-pager-\(1\).pdf](https://www.ruralhealth.us/nationalruralhealth/media/documents/advocacy/medicaid-cuts-one-pager-(1).pdf).

8. Lauren Weber, "Republican Medicaid cuts could shutter rural hospitals, maternity care," *Washington Post*, March 9, 2025, <https://www.washingtonpost.com/health/2025/03/08/medicaid-cuts-rural-hospitals/>.

